



WILLIE M. APPROPRIATENESS REVIEW
For Individual Class Members

INSTRUCTION HANDBOOK AND REFERENCE MANUAL



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INTRODUCTION:

This manual has been designed to assist the reviewer in completing the appropriateness review on individual class members by providing general instructions, interpretations and guidelines for both the review process and the material contained on the Willie M. Appropriateness Review form. The determination of appropriateness, previously defined in “Elements of Appropriate Services for Willie M. Class Members” (Appendix A), is particularly relevant because it serves as the foundation of the defendants’ obligations to “all plaintiffs” as outlined in the “Second Set of Stipulations,” “Paragraph 9.” Although the determination of appropriateness will always be to some extent subjective, the formulation of some of its basic principles, as agreed upon by the plaintiffs and defendants, is necessary in order to determine whether, and to what extent, the obligation is being met. Therefore, the determination of whether an individual is receiving appropriate services is integral to the entire program.

While a specific form is being provided for this activity, with this manual providing guidelines and methodology, it is important that each reviewer approach each case individually. There need be no set pattern for the way in which the process is completed (e.g., always interviewing the youth first, etc.). Within the parameters outlined in this document, each reviewer determines the components and procedural order he/she believes are necessary in order to complete the review form, thereby making a determination as to whether the services a particular child is receiving are meeting that individual’s needs.

GENERAL GUIDELINES/PROCEDURES:

1. **Child Observation:** Regional representatives (DPI & DHR Willie M.) conducting the review are required to have seen the child personally within the last sixty (60) calendar days and to complete the “Child Observation Checklist.” Local program staff are required to have seen the child within the past thirty (30) calendar days with completion of the “Child Observation Checklist” form being optional. (See Appendixes D and E for instructions and form).
2. **Educational Checklist and Observation Form:** The “Educational Checklist and Observation Form” (Appendix F) is required for the DPI State Willie M. consultants. Other reviewers may find it helpful to complete the form prior to answering the questions in Section V (Educational Components) as a means for obtaining and organizing the information needed to complete the answers in that section.

NOTE: Items appearing in columns on the review form are listed here in order from left to right. Questions from the original “Appropriateness Review” form appear here in italics.

HEADING SECTION

Item/Description	Glossary/Interpretation	Guidelines/Methodology
AREA PROGRAM CODE		This refers to the area program where the child and Case Manager are located - usually the location of the child's legal residence - but not necessarily where the child is currently living. Use the appropriate numerical code from Appendix B, the list of codes is also shown on the back of the form.
REVIEW DATE		List the date on which the bulk of this form is being finalized as opposed to any interviews, observations or record reviews, etc., which may have been completed on other dates.
REVIEWER		Complete the blank with your full name and the position you hold. If you are not from an area program, list also the agency you are with, e.g., DPI, etc.
PHONE NO.		List the phone number where you can most easily be reached during office hours.
WILLIE M. ID #		Record the unique identification number assigned to the class member by the <i>Willie M.</i> program.
LEA CODE	Local Educational Authority - a Department of Public Instruction (DPI) term which refers to the school system in which the child is enrolled and currently being served.	List the numerical code which corresponds to the Local Educational Authority (LEA) responsible for the education of the class member; codes are located in Appendix C.
CERTIFICATION DATE	Certification Date - the date assigned by the state office on which notification of the decision was sent or the date on which the area program received notification that the child officially became a member of the class (Note: Dates may differ due to the variance between notification being sent by the state and received by the area program.)	Enter the official certification date on this line.

SECTION I - REVIEW ACTIVITIES

Item/Description	Glossary/Interpretation	Guidelines/Methodology
<p>Indicate (✓) which review activities were conducted for this class member:</p> <p>____ Record review</p> <p>____ Interview with family Date: __/__/__</p> <p>____ Interview with child Date: __/__/__</p> <p>____ Other interviews Name and position/ agency _____</p> <p>____ Observation of child Place(s) & Date(s) _____</p>		<p>Check (✓) each category which applies to the activities in which you, as reviewer, are engaging to evaluate appropriateness for this class member. Include dates where indicated for any interviews and/or observations.</p> <p>Note: If the reviewer is other than the Case Manager, and the Case Manager is interviewed, be sure and list this under "Other Interviews."</p> <p>If the child was observed either in a group or alone as part of this review, be sure to check this area and list the place(s) as well as the date(s) when this occurred. Also, complete the Child Observation Checklist (Appendix E) if the reviewer is someone other than local program staff.</p>

SECTION II - NEEDS ASSESSMENT

In examining this area, the reviewer should employ a broad perspective over time. The child's entire history needs to be taken into account, particularly as it relates to the major developmental stages and/or tasks. Issues such as difficulties with attachment, physical and/or sexual abuse, parental rejection, abandonment, prenatal exposure to alcohol or other drugs, other medical issues such as neurological impairments, etc., are all relevant history that can play a role in the child's current functioning and therefore, service needs. The overriding question here is: ***Has current ongoing assessment planning taken these issues into account?***

To answer this question, the reviewer will want to analyze several areas of diagnostic history information including all psychological and IQ testing completed to date, as well as the current T/HP and any treatment plans related to it. Where medication has been part of the treatment, information regarding its outcome should be examined to determine whether the desired effect has been achieved.

Item/Description	Glossary/Interpretation	Guidelines/Methodology
<p>1) <i>Have the child's needs been accurately assessed to reflect and determine the child's capabilities and potential within each of the desired outcome domain areas?</i></p> <p><i>Indicate the domain areas for which this class member has been accurately assessed.</i></p>	<p>accurate assessment - a carefully considered judgment based on the review of all pertinent current and historical information.</p> <p>domain areas - areas of a person's life which have a significant role in an individual's functioning. The Willie M. Services system assesses six such areas.</p> <p>capabilities - the abilities, capacities and/or talents a person possesses that can be developed and/or utilized.</p> <p>potential - a person's capabilities which are not currently realized; the innate ability for growth and realization.</p>	<p>Evaluate whether the child's needs have been accurately assessed in each domain area. Indicate your conclusion by circling "YES" or "NO" for each area.</p> <p>Determining a given child's capabilities and potential is based on a thorough understanding of the child's needs. An accurate assessment of needs should create a true picture of what the child can <u>reasonably</u> achieve or accomplish with assistance or support directed at the need and at a level consistent with his/her potential. The crucial aspect here is not to undershoot or overshoot a child's potential but to determine what is <u>realistic</u>. Look for evidence that the needs assessment is realistic for that child given the information available.</p>
<p><i>Behavioral</i></p>	<p>behavioral - the way in which the child conducts him/herself. Desired outcome for Willie M. Class Members is the development of "social competence and coping skills" needed "to reduce or ameliorate assaultive and aggressive behaviors." (from "Desired Outcomes For Willie M. Class Members")</p>	<p>Look for current and historical psychological testing, diagnostics including DSM or other clinical diagnoses, and detailed descriptions of behavior(s) as found in behavioral incident reports, etc. Is the information contained within these reports consistent with the description of the class member's current needs? Is the information complete in this area or is there indication of any need for additional assessment(s)? Does the information reflect the child's overall potential in this area?</p>
<p><i>Residential</i></p>	<p>residential - the "home" or place where the class member resides even if it is not the natural home. The desired outcome for every class member is to have a "home. . . which provides him with a safe, nurturing environment conducive to the achievement of all of his other goals." (from "Desired Outcomes For Willie M. Class Members")</p>	<p>Look for evidence that the class member's residential needs have been analyzed with regards to the community, security, safety issues, etc., and that the child's need for stability and continuity in a home/residential setting has been assessed.</p>

<i>Educational</i>	educational - the formal learning activities in which children participate. The desired outcome is that each “class member attends and participates in educational services appropriate to his needs.” (from “Desired Outcomes For <i>Willie M.</i> Class Members”)	Class members identified as having any handicapping condition or special needs should have a current IEP (Individualized Educational Plan). For all students, information regarding the current and past educational placement(s) and their outcome, the relationship between the child’s age and the current grade level placement should be part of any assessment as well as progress reports, attendance and behavioral reports, achievement test results, transportation issues, etc.
<i>Social</i>	social - that aspect of a person’s life involving relationships with other people. The desired outcome for every class member is to have “at least one person who is also an advocate, friend, confidant who maintains a long-term relationship with the child, fostering trust, self-esteem and social competence.” (from “Desired Outcomes For <i>Willie M.</i> Class Members”). This person is commonly referred to as an “anchor.”	Assessment in this area should include information describing family structure, relationships, and culture, as well as that of the larger community and any extended family involvement as well as peer and other relationships, etc. Look for evidence that the child’s need for stability and continuity in at least one significant and close relationship has been assessed as well as his/her capacity to form close relationships. Does this child have an “anchor”? If not, then this should be included as a need in the assessment.
<i>Health</i>	health - a person’s physical and mental well-being. For the class member, the desired outcomes is that he “will, to the extent that he is able, maintain a state of health sufficient to his participation in normal, productive and rewarding activities.” (from “Desired Outcomes For <i>Willie M.</i> Class Members”)	Consider any information on symptoms, diagnoses, and medications, as well as past medical history including any significant prenatal, perinatal or developmental events. A recent physical summary including dental and vision screenings as well as any other screenings needed, e.g. neurological, etc., would provide a picture of the class member’s standing and needs with regards to this domain.
<i>Vocational</i>	vocational - having to do with employment or preparation specifically targeted at developing career options and/or gaining future employment. The desired outcome for each class member is that he/she “is engaged in meaningful employment in a real work setting of his choice, or in activities leading toward that goal.” (from “Desired Outcomes For <i>Willie M.</i> Class Members”)	Look for whatever information/assessments, both <u>formal</u> and <u>informal</u> , have been completed. Any information regarding interests, aptitudes, skills, demonstrated abilities, etc., should all be considered applicable. For children 14 or older, particular attention should be paid in the assessment process to the child’s long-term vocational needs as well as skills and interests.

<p>2) <i>Have assessments occurred when they needed to occur?</i></p>		<p>Determine whether needs have been assessed on a regular basis and/or whenever a current goal has been achieved or perceived need has arisen.</p>
<p>3) <i>Has the child's need for stability in personal relationships and the ability of caregivers (family and/or staff) to provide that stability been adequately assessed?</i></p>	<p>stability - relating to constancy, steadfastness and permanency as opposed to frequent change and an indeterminate nature.</p>	<p>Does the information available indicate that an honest effort has been made to assess the child's needs in this area and in relationship to the caregiver's ability to meet those needs? Are the primary caregivers (family and/or staff) able to provide the stability in personal relationships that this child needs?</p>
<p>4) <i>Have the needs required (essential) for the child to overcome or cope with his/her core problems and to prepare for adulthood been identified as part of the needs assessment?</i></p>	<p>essential needs - fundamental, or basic needs which are "required in order for the child to overcome or cope with the problems that led to class membership, to prepare for adulthood and to acquire and maintain life skills consistent with his/her potential and capabilities." (from "Elements of Appropriate Services for Willie M. Class Members" 8/94)</p> <p>core problems - the problems which are central to the difficulties the child is experiencing and which may be responsible for creating and/or exacerbating other related problems.</p>	<p>Look for evidence that there has been an effort to identify those needs which are essential or fundamental to the entire planning process. These should serve as the foundation as well as provide the direction for planning.</p>
<p>5) <i>Have the child's risks of physical deterioration, behavioral regression, social isolation, hospitalization, or imminent harm been assessed?</i></p>		<p>In reviewing the information available, look for evidence that these issues have been taken into consideration. The assessment should indicate that attention has been given to these very real possibilities given the nature of the class.</p>
<p>6) <i>Has the "Willie M. Assessment and Outcomes Instrument" (AOI) been completed? Indicate for each component whether this has been done.</i></p>	<p>The <i>Willie M. "Assessment and Outcome Instrument" (AOI)</i> - a package of interviews and checklists intended for the collection of all the information essential for the development of an accurate and sufficient T/HP for each individual child. It contains four separate components or assessments (listed below) and provides information that will be useful in a number of areas in planning and monitoring the outcome for individual class members.</p>	<p>Determine whether the component or assessment piece in each area has been completed. Circle the appropriate response, "YES" or "NO".</p> <p>For specific questions about the AOI or any of its components, please refer directly to the AOI instruction manual.</p>

<i>Child Interview</i>		Has the “Child Interview” been administered and scored in accordance with the instructions, by the professional with the most positive rapport with the child?
<i>Developmental Risk Assessment</i>		Has this component been completed and scored by the case manager and treatment team according to instructions?
<i>Brief Psychiatric Rating Scale</i>		Has this instrument been completed by a clinician, preferably with some knowledge of the child, in accordance with directions?
<i>Functional Domain Assessment</i>		Has this component been completed and scored per directions, by the case manager and treatment team?

SECTION III - SERVICE PLANNING

Item/Description	Glossary/Interpretation	Guidelines/Methodology
<p>7) Have the child's needs been accurately planned for within each of the desired outcome domain areas?</p> <p><i>Behavioral</i></p>	<p>accurate planning - planning which shows careful consideration and consistency between the assessment of needs, goals and objectives to be achieved and the choice of services to meet those needs.</p> <p>behavioral - the way in which the child conducts him/herself. Desired outcome for <i>Willie M. Class Members</i> is the development of “social competence and coping skills” needed “to reduce or ameliorate assaultive and aggressive behaviors.” (from “Desired Outcomes For <i>Willie M. Class Members</i>”)</p>	<p>Evaluate whether careful planning for the child has occurred in each domain area. Indicate your conclusion by circling “YES” or “NO” for each area. For all areas, planning should include additional assessment where the initial assessment identifies a need or when a new need arises. Additionally, while each domain can be viewed separately, consideration should be given to the interactive relationship between the domains.</p> <p>Determine whether the plan outlined for the child addresses his/her current need(s) with regards to behavior and takes into consideration the desired outcomes for the child's functioning in this area. Does the service plan fit the child where he/she is currently functioning behaviorally and provide a means by which he/she can stabilize and/or improve?</p>

Residential

residential - the “home” or place where the class member resides even if it is not the natural home. The desired outcome for every class member is to have a “home . . . which provides him with a safe, nurturing environment conducive to the achievement of all of his other goals.” (from “Desired Outcomes For *Willie M.* Class Members”)

The plan for where and with whom a class member resides should be consistent with information obtained in assessment and fit the class member’s identified need(s) for safety, security, support, etc. The plan should also address the child’s need for continuity and long-term stability in a home/residential setting.

Educational

educational - the formal learning activities in which children participate. The desired outcome is that each “class member attends and participates in educational services appropriate to his needs.” (from “Desired Outcomes For *Willie M.* Class Members”)

Each class member’s plan should address educational strengths and weaknesses outlined in the current IEP (Individualized Educational Plan), also taking into consideration issues such as location and transportation as well as areas in other domains relating to educational performance (e.g., Health, Social, Behavioral, etc.).

Social

social - that aspect of a person’s life involving relationships with other people. The desired outcome for every class member is to have “at least one person who is also an advocate, friend, confidant who maintains a long-term relationship with the child, fostering trust, self-esteem and social competence.” (from “Desired Outcomes For *Willie M.* Class Members”). This person is commonly referred to as an “anchor.”

Planning in this area should relate to the assessment information describing family structure, relationships, and culture, as well as extended family involvement; the larger community with which the child interacts; peer and other relationships, etc. Does the plan appear to be directed towards maintaining positive, rewarding relationships and improving areas where there is an assessed need? Does the plan utilize and build on the strengths of the child and his/her family or natural community and does it focus on the development and maintenance of long-term relationships? Does the plan include the continued presence or development of an “anchor” for the child?

Health

health - a person’s physical and mental well-being. For the class member, the desired outcomes is that he “will, to the extent that he is able, maintain a state of health sufficient to his participation in normal, productive and rewarding activities.” (from “Desired Outcomes For *Willie M.* Class Members”)

For each individual, planning should be directed at the diagnosis(es) and aimed at preventing, ameliorating, or eliminating symptoms in any area affecting the person’s well-being.

<p><i>Vocational</i></p>	<p>vocational - having to do with employment or preparation specifically targeted at developing career options and/or gaining future employment; the desired outcome for each class member being that he/she “is engaged in meaningful employment in a real work setting of his choice, or in activities leading toward that goal.” (from “Desired Outcomes For <i>Willie M.</i> Class Members”)</p>	<p>By the time an individual is 14, planning for the child should indicate some direction toward career preparation in the form of vocational or pre-vocational pursuits. At the very least, efforts to begin assessing the child’s interests and aptitudes towards that end should become an ongoing part of the planning.</p>
<p>8) <i>Does the child have a current T/HP?</i></p>	<p>T/HP - Treatment/Habilitation Plan - a plan for the provision of services directed at assisting the individual to reach his/her full potential. It is developed conjointly by the individual and his/her family, guardian or legal custodian as well as the Case Manager and other members of public or private agencies who have responsibility for the individual or who are/will be providing services to the individual.</p>	<p>The T/HP is to be established and services initiated “within . . . sixty (60) calendar days from the date an area program receives notification of certification from the State.” Plans are to be reviewed and updated as needed, including periodic informal meetings to review progress and changes in needs. Subsequent formal <u>and</u> written plans shall be done at least annually from the date on which the initial plan is approved. Forms for the completion of the T/HP are established by the State. For children fourteen (14) or older and depending upon the severity or chronicity of the individual’s needs, the T/HP planning should reflect the beginning of the transition process whereby planning for the individual should reflect a movement toward adulthood with a decreasing reliance on services within the <i>Willie M.</i> Services system and progression toward those services which will continue to be available outside the <i>Willie M.</i> system. (From the “Summary of Guidelines For Individualized Habilitation Planning”)</p> <p>Determine whether the T/HP exists and if it is current according to the established time frames. Furthermore, is it within the guidelines established? Also, look for indicators to determine that the services being provided are what is specified in the T/HP.</p>
<p>9) <i>Have the necessary people, including parent/guardian and child, and agencies been actively involved in developing the T/HP for this child?</i></p>	<p>refers to joint development - a key concept in the habilitation planning process which calls for involvement by the “Class Member and his/her family (and/or guardians) together with the Case Manager and members of the Habilitation Planning Team”. (From the “Summary of Guidelines For Individualized Habilitation Planning”)</p>	<p>Based on the information gathered, determine whether or not those who need to be included in the planning have been actively involved.</p>

<p>10) <i>Have the needs required (essential) for the child to overcome or cope with his/her core problems been included in the plan?</i></p>	<p>essential needs - fundamental, or basic needs which are “required in order for the child to overcome or cope with the problems that led to class membership, to prepare for adulthood and to acquire and maintain life skills consistent with his/her potential and capabilities.” (from “Elements of Appropriate Services for Willie M. Class Members” 8/94)</p> <p>core problems - the problems which are central to the difficulties the child is experiencing and which may be responsible for creating and/or exacerbating other related problems.</p>	<p>Considering the problems described for the child and the reason he/she became a class member, are the needs which are the basis for the problems the child is experiencing outlined in the plan? Does the plan offer a solution for helping the class member resolve these basic issues?</p>
<p>11) <i>As early as needed for this child, but beginning by age 14, does the T/HP focus on and address movement toward a realistic transition into adulthood for this child?</i></p>		<p>Given the age of the class member (especially if 14 or older), the needs identified, and planning to date, does it appear that the overall design takes into account and is headed towards a logical and smooth transition for the child when he/she reaches legal adulthood (and <i>Willie M.</i> services will no longer be available)?</p>
<p>12) <i>Does the T/HP include specific goals and strategies for each discrete service or identify a separate treatment plan for each?</i></p>		<p>For each service outlined in the T/HP, there needs to be a specified plan outlining goals and strategies for achievement. For example, if a T/HP service is identified as Individual Therapy, then the plan must include goals, strategies, etc., for Individual Therapy to be addressed by the provider of that service in conjunction with the client and parent/guardian. These may be written in the form of an individual treatment plan. If so, look for evidence that the needs in the treatment plan(s) “track back” to the child’s overall needs and goals included in the T/HP. Is/are the treatment plan(s) consistent with the T/HP?</p>
<p>13) <i>Have the child’s risks of physical deterioration, behavioral regression, social isolation, hospitalization, or imminent harm been addressed by appropriate supports in the child’s service plan?</i></p>		<p>Determine whether the plan provides for the safety of the child in terms of harm to him/her by self or others. Does it include the services necessary to avoid regression or deterioration while at the same time not isolating the child to any extent more than necessary?</p>
<p>14) <i>Does the T/HP include specific strategies to respond to a crisis and/or intervene in an emergency?</i></p>		<p>Does the plan foresee and take into account possible crises or emergencies that may arise and outline strategies as well as backup plans for dealing with them?</p>

15) Does the T/HP address the child's needs for safety for himself and for others (i.e., a balance between the need to minimize institutionalization and the need to minimize the possibility of harm to the child and society)	refers to least restrictive setting - a setting where the limits placed on the individual are the slightest amount the individual needs in order to maintain behavior consistent with what is normally expected in society.	Look for indications that both individual and community needs for safety have been taken into consideration while at the same time effort is being made to develop a plan with the least restrictive alternative(s) appropriate for the class member.
16) Have services been identified without regard to availability ?		Is what the child needs and the service(s) to provide it identified and described, regardless of whether or not that particular service may be readily available?
17) Are specific measures of progress toward the long-term desired outcomes for the child included in the T/HP?		Does the plan describe what the intended outcome of each service is for the child and how it will be determined that movement toward that end is being achieved?

SECTION IV - SERVICE PROVISION

Completion of the "Child Observation Checklist" in conjunction with observing the child within sixty (60) calendar days prior to the Appropriateness Review is required for all regional representatives (DPI & DHR Willie M. staff) performing the Appropriateness Review. Others may find it useful to engage in this activity and complete the checklist form prior to completing this section.

Item/Description	Glossary/Interpretation	Guidelines/Methodology
18) Have services been provided to meet the child's needs within each of the desired outcome domain areas? Indicate whether this is occurring in each of the domain areas for this class member.		Evaluate whether service provision for the child has been consistent with the needs identified and the service plan in each domain area. Indicate your conclusion by circling "YES" or "NO" for each area. Here also, consideration should be given to the interactive relationship between the domains.
<i>Behavioral</i>	behavioral - the way in which the child conducts him/herself. The desired outcome for Willie M. Class Members is the development of "social competence and coping skills" needed "to reduce or ameliorate assaultive and aggressive behaviors." (from "Desired Outcomes For Willie M. Class Members")	Determine whether the services being provided for the child address his/her current need(s) with regards to behavior and takes into consideration the desired outcomes for the child's functioning in this area. Do the services fit the child where he/she is at now behaviorally and provide a means by which he/she can stabilize and/or improve?

<i>Residential</i>	residential - the “home” or place where the class member resides even if it is not the natural home. The desired outcome for every class member is to have a “home . . . which provides him with a safe, nurturing environment conducive to the achievement of all of his other goals.” (from “Desired Outcomes For <i>Willie M.</i> Class Members”)	Where and with whom the class member is residing should be consistent with information obtained in assessment and fit the class member’s identified need(s) for safety, security, support, continuity, and stability, etc.
<i>Educational</i>	educational - the formal learning activities in which children participate. The desired outcome is that each “class member attends and participates in educational services appropriate to his needs.” (from “Desired Outcomes For <i>Willie M.</i> Class Members”)	Is the class member engaged in educational pursuits consistent with the current IEP (Individualized Educational Plan) and which take into consideration his/her age and current grade level as well as capabilities and needs?
<i>Social</i>	social - that aspect of a person’s life involving relationships with other people. The desired outcome for every class member is to have “at least one person who is also an advocate, friend, confidant who maintains a long-term relationship with the child, fostering trust, self-esteem and social competence.” (from “Desired Outcomes For <i>Willie M.</i> Class Members”). This person is commonly referred to as an “anchor.”	Is the class member involved in services enhancing social development and which assist him/her in developing and/or improving family, peer and other relationships? Are supports or services being provided which are intended to help ensure that the child has at least one long-term, positive relationship with a caring adult or “anchor”?
<i>Health</i>	health - a person’s physical and mental well-being. For the class member, the desired outcome is that he “will, to the extent that he is able, maintain a state of health sufficient to his participation in normal, productive and rewarding activities.” (from “Desired Outcomes For <i>Willie M.</i> Class Members”)	For each individual, services should be appropriate to the diagnosis and directed toward preventing, ameliorating, or eliminating symptoms in any area affecting the person’s well-being.
<i>Vocational</i>	vocational - having to do with employment or preparation specifically targeted at developing career options and/or gaining future employment; the desired outcome for each class member being that he/she “is engaged in meaningful employment in a real work setting of his choice, or in activities leading toward that goal.” (from “Desired Outcomes For <i>Willie M.</i> Class Members”)	Is the individual 14 or older, engaged in activity related to career preparation in the form of vocational or pre-vocational pursuits? At minimum, do the services the individual is involved in, provide opportunity to assess the child’s interests and aptitudes in relationship to future vocational opportunities and make progress toward appropriate vocational/employment goals?

<p>19) <i>Were the current services initiated in a timely manner (30 days) from the point the need was identified, and are they being provided regularly?</i></p>		<p>Determine whether services commenced within the thirty (30) day time frame from the time the plan was developed or need identified.</p> <p>In the development of the initial T/HP, where the planning process takes more than thirty (30) days, this would result in a situation where the actual services would need to be initiated in the time remaining between the T/HP development and the sixty (60) day limit, which would be less than thirty (30) days.</p>
<p>20) <i>Are the necessary people, including parent/guardian and child, and agencies actively involved in services?</i></p>		<p>Are the people for whom the services are designed or intended (e.g. child and family), actively participating in the services? Are the agencies which need to be providing services to the individual and/or family, providing the needed services?</p>
<p>21) <i>Has the child's need for stability in personal relationships and the ability of caregivers (family and/or staff) to provide that stability been incorporated into the services for the child?</i></p>	<p>stability - relating to constancy, steadfastness and permanency as opposed to frequent change and an indeterminate nature.</p>	<p>Is the child's placement stable? Are the primary caregivers (family and/or staff) providing the consistency in personal relationships that this child needs?</p>
<p>22) <i>Are services being provided to help reduce the child's risks of physical deterioration, behavioral regression, social isolation, hospitalization, or imminent harm?</i></p>		<p>In addition to promoting the client's movement toward specific goals, services should also minimize the risk of deterioration which could necessitate a move to a more restrictive level.</p>
<p>23) <i>Are services being provided in the most normal, least restrictive setting appropriate for the child?</i></p>	<p>least restrictive setting - a setting where the limits placed on the individual are the slightest amount the individual needs in order to maintain behavior consistent with what is normally expected in society.</p>	<p>Are the services which the child needs being provided in an environment as near to what is considered "normal" as possible, within the parameters of providing safety for both the child and community?</p>
<p>24) <i>Do residential services provide adequate security and safety for the child to achieve to his/her potential?</i></p>	<p>potential - a person's capabilities which are not currently realized; the innate ability for growth and realization.</p>	<p>Is the environment in which the child resides capable of providing him/her with the assurance and protection necessary to promote the ability to realize his/her full capabilities?</p>
<p>25) <i>Are resources (neighborhood, extended family, church, and other community resources) used to facilitate integration into the child's existing or anticipated adult community?</i></p>		<p>Are services and activities which are readily available to all members of the community and which the client can utilize both now and after transition into adulthood, being utilized?</p>

26) <i>Have service needs been provided for without regard to availability?</i>		Look for evidence that services are being provided when needed. If needed services are not existent, are they then developed? Is this being accomplished in a timely manner?
27) <i>Have services been adjusted on a timely basis, when a goal is met, new needs emerge, or major risk factors change?</i>		Have services been modified promptly as progress is made, the client's needs change or other factors warrant revision?
28) <i>Are services being provided with sufficient intensity and continuity to provide a realistic opportunity for progress?</i>		Determine whether the services are provided in the amount and to the extent that they are needed and planned for in order to afford the class member a chance for advancement towards his/her goals.
29) <i>Are supports, services, and supervision appropriately coordinated across settings, providers, and time; and integrated into the child's living, working, educational, and leisure settings?</i>		Services, support mechanisms and supervision need to be consistent and typically need to be spread across the client's experience, rather than lumped into one aspect of his/her life (e.g., all at school and none in the home or work environment).
30) <i>Are service providers knowledgeable and capable of implementing the child's plan?</i>	implementing - putting the plan into effect; carrying out the details of the plan	Do the service providers understand the client's needs and have the ability and resources to provide the services planned?
31) <i>Does a case manager or someone else monitor the adequacy of service implementation to determine whether progress is being made and to detect risk situations and emerging needs or problems?</i>		Is there regular supervision of the service provision by a case manager or other designated individual who ascertains whether services are actually being provided, progress is being achieved, and/or services need to be revised due to changes in needs or in response to new issues or problems that arise?

SECTION V - EDUCATIONAL COMPONENTS

Use of the "Educational Checklist and Observation Form" (Appendix F) is required for DPI State *Willie M.* Consultants. Other reviewers may find it helpful to complete the form prior to answering the questions in this section as a means for obtaining and organizing the information needed to complete the answers in this section.

Item/Description	Glossary/Interpretation	Guidelines/Methodology
<p>32) <i>Is this child identified as an exceptional child for educational purposes?</i></p> <p>N/A = not enrolled, not of school age or dropped out</p>	<p>exceptional child - a member of the category of “children with special needs” which “includes without limitation, all children who, because of permanent or temporary mental, physical or emotional handicaps, need special education, are unable to have all their educational needs met in a regular class without special education or related services, or are unable to be adequately educated in the public schools. It includes those who are academically gifted, autistic, behaviorally-emotionally handicapped, deaf-blind, hearing impaired, mentally handicapped, multihandicapped, orthopedically impaired, other health impaired, pregnant, specific learning disabled, speech-language impaired, traumatic brain injured and visually impaired.” For preschool children it “includes all 3- and 4-year old children and those 5-year-old children who are ineligible for kindergarten and who because of permanent or temporary cognitive, communicative, social/emotional, or adaptive disabilities are unable to have all of their developmental needs met in a normal environment without special education and related services. It includes preschool children who are developmentally delayed or those who are autistic, deaf-blind, hearing impaired, other health impaired, orthopedically impaired, speech-language impaired, visually impaired, or traumatic brain-injured. Preschool children with special needs become eligible for services upon reaching their third birthday.” (from “Procedures Governing Programs and Services for Children with Special Needs,” 1993 edition, published by the Division of Exceptional Children’s Services, State Department of Public Instruction). Note: definitions for the terms used in the preceding definition, can be found in the same resource.</p>	<p>Has the child been designated as an exceptional child and therefore, eligible for special services?</p> <p>(This is achieved through a formal assessment process within the local education agency usually involving screening and/or other evaluative measures which are outlined in “Procedures Governing Programs and Services for Children with Special Needs,” 1993 edition, published by the Division of Exceptional Children’s Services, State Department of Public Instruction.)</p> <p>Circle “YES” if the child is officially enrolled in school and identified as “Exceptional.” Circle “NO” if the child is in school and not identified (e.g., regular education student). If the child is not enrolled, not of school age, or has dropped out of school, select “N/A.”</p>

If you answered “YES” to question 32 please answer the remaining questions If you answered “NO,” proceed to question 38.

<p>33) <i>Does the child have a current IEP?</i></p>	<p>IEP = Individualized Education Program - a formal written document for a child with special needs which is developed within the educational system and implements a specialized program of educational and other related services designed for the individual in response to identified needs with regards to education. (See “Procedures Governing Programs and Services for Children with Special Needs”, 1993 edition, published by the Division of Exceptional Children’s Services, State Department of Public Instruction.)</p>	<p>Determine whether an IEP exists for the child and whether it is current. DPI requirements call for development of the IEP within thirty (30) days after determining that a child “requires special education.” Thereafter, it is to be reviewed at least annually or whenever the need for change(s) arise. (from “Procedures Governing Programs and Services for Children with Special Needs,” 1993 edition, published by the Division of Exceptional Children’s Services, State Department of Public Instruction)</p>
<p>34) <i>As early as needed for this child, but no later than age 14, does the IEP focus on and address a realistic movement toward adulthood for this child?</i></p>	<p>refers to the issue of transition - “a coordinated set of activities for a student, designed within an outcome-oriented process, which promote movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation.” (from “Procedures Governing Programs and Services for Children with Special Needs,” 1993 edition, published by the Division of Exceptional Children’s Services, State Department of Public Instruction)</p>	<p>Given the age of the class member (especially if 14 or older), the needs identified, and planning to date, does it appear that the IEP takes into account and is headed towards a logical and smooth progression for the child when he/she reaches legal adulthood and/or is no longer eligible for educational services?</p>
<p>35) <i>Does the IEP include specific strategies to respond to a crisis and/or to intervene in an emergency?</i></p>		<p>Does the IEP foresee and take into account possible crises or emergencies that may arise, and outline strategies as well as backup plans for dealing with them?</p>
<p>36) <i>Have the necessary people, including parent/guardian and child, and agencies been actively involved in developing the IEP for this child?</i></p>		<p>Based on the information gathered, the reviewer determines whether or not those who need to be involved in the IEP planning have been included. At minimum, this includes the parent(s)/guardian(s), child (if appropriate), LEA representatives and other agencies with vested interests in serving the child. (See “Procedures Governing Programs and Services for Children with Special Needs,” 1993 edition, published by the Division of Exceptional Children’s Services, State Department of Public Instruction.)</p>

<p>37) <i>Are specific measures of progress toward the long-term desired outcomes included in the IEP?</i></p>		<p>Does the plan describe what the intended outcome of each service is for the child, and how it will be determined that movement toward that end is being achieved? (In addition to “projected dates for initiation of services and the anticipated duration of services,” the IEP is required to contain “objective criteria, evaluation procedures, and schedule for determining, on at least an annual basis, whether the short-term instructional objectives are being achieved.” (from “Procedures Governing Programs and Services for Children with Special Needs,” 1993 edition, published by the Division of Exceptional Children’s Services, State Department of Public Instruction)</p>
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Proceed to next question.

<p>38) <i>Have educational assessments occurred when they needed to occur?</i></p>		<p>Determine whether assessments have been provided on a regular basis and/or whenever a current goal has been achieved or perceived need has arisen. “Appropriate in-depth reevaluation of handicapped children must be completed at least every three years or more frequently if conditions warrant or if the child’s parents or teachers request it in order to determine the appropriateness of current educational status of students and to determine whether or not a student continues in or exits from a special education program.” (from “Procedures Governing Programs and Services for Children with Special Needs,” 1993 edition, published by the Division of Exceptional Children’s Services, State Department of Public Instruction)</p>
<p>39) <i>Have educational service needs been identified without regard to availability?</i></p>		<p>Is what the child needs and the service(s) to provide it identified and described, regardless of whether or not that particular service may be readily available?</p>

<p>40) <i>Are educational services being provided in the most normal, least restrictive setting appropriate for the child?</i></p>	<p>least restrictive setting - a setting where the limits placed on the individual are the slightest amount the individual needs in order to maintain behavior consistent with what is normally expected in society. Specifically with regards to special education students, it means “that, to the maximum extent possible, children with special needs shall be educated with children who are not exceptional. After examining all alternatives for placement within an educational system, children with special needs shall be placed where they can obtain the appropriate educational services which meet their individual educational/developmental needs as close to and as nearly like a regular classroom setting as possible.” (from “Procedures Governing Programs and Services for Children with Special Needs”, 1993 edition, published by the Division of Exceptional Children’s Services, State Department of Public Instruction)</p>	<p>Look for indications that both individual and community needs for safety have been taken into consideration while at the same time effort is being made to educate the class member in the least restrictive alternative(s) appropriate for him/her.</p>
<p>41) <i>Do educational services provide adequate security and safety for the child to achieve to his/her potential?</i></p>	<p>potential - a person’s capabilities which are not currently realized; the innate ability for growth and realization.</p>	<p>Is the educational setting where the child is placed capable of providing him/her with the assurance and protection necessary to promote the ability to realize his/her full capabilities?</p>
<p>42) <i>Have educational service needs been provided for without regard to availability ?</i></p>		<p>Look for evidence that the educational services described as needed and which have been planned for are being provided. If needed services are not in existence, are they then developed? Is this being accomplished in a timely manner?</p>
<p>43) <i>Have educational services been adjusted on a timely basis, when a goal is met, new needs emerge, or major risk factors change?</i></p>		<p>Have the educational services been modified promptly as progress is made, the client’s needs change or other factors warrant revision?</p>
<p>44) <i>Have educational services been provided with sufficient intensity and continuity to provide a realistic opportunity for progress?</i></p>		<p>Determine whether the educational services are being provided in the amount and to the extent that they are needed and planned for, in order to truly afford the class member a chance for advancement towards his/her goals.</p>

<p>45) <i>Were educational services initiated in a timely manner (30 days) from the point the need was identified, and are they being provided regularly?</i></p>		<p>DPI guidelines require that the IEP be developed prior to initiation of special education services and that this be accomplished within thirty (30) days after a child is determined as being in need of special education. Once this determination is made and the IEP developed, the services described are to be initiated “as soon as possible” with the projected date(s) of initiation being outlined in the IEP. For children already receiving special education, reviews are to occur as need is determined and any additions or changes in services are to be implemented as quickly as feasible. (See “Procedures Governing Programs and Services for Children with Special Needs,” 1993 edition, published by the Division of Exceptional Children’s Services, State Department of Public Instruction.)</p>
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SECTION VI - SUMMARY QUESTIONS

Item/Description	Glossary/Interpretation	Guidelines/Methodology
<p>46) <i>Based on answers to the above questions, does the local system have a thorough and accurate understanding of the child’s needs?</i></p>	<p>local system - refers to all those agencies in the area where the child resides and is being served. This would include the local area program with primary responsibility as well as the school district and other agencies serving the child, such as the juvenile court system, DSS, etc.</p>	<p>In reviewing your answers to the questions in Section II (Needs Assessment) as well as developing an overall picture in your mind of the needs assessment process for this child, can it be said that the local system has a complete and precise comprehension of the child’s needs? Based on your review, answer “YES” or “NO” by circling that response.</p>

If not, what is missing, and what needs to happen in order for this to be accomplished?

If you answered “NO” to Question No. 46, please indicate what you think needs to be done in order for the local system to achieve a complete understanding of the child’s needs (for example, testing or assessment in a specific area that may have been overlooked, etc.). Be specific.

<p>47) <i>Based on answers to the above questions, is it your judgment that the T/HP reflects the child's needs and includes goals, objectives, strategies, and time frames which are designed to address the child's essential needs?</i></p>	<p>essential needs - fundamental or basic needs which are “required in order for the child to overcome or cope with the problems that led to class membership, to prepare for adulthood and to acquire and maintain life skills consistent with his/her potential and capabilities.” (from “Elements of Appropriate Services for Willie M. Class Members” 8/94)</p>	<p>Reviewing your answers to the questions in Section III (Service Planning) and taking the overall picture of the service planning process for this child into account, in your estimation, does the T/HP manifest this child's essential needs? Does it identify goals and objectives as well as systematic approaches to be utilized towards reaching these? Are there realistic time frames during which these approaches will be implemented?</p>
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If not, what changes are needed in the plan or planning for this child to ensure that the plan addresses the child's essential needs?

If you answered “NO” to Question No. 47, please indicate what, in your opinion, needs to happen or be done in order for a plan to be developed for this child that will address his/her “essential” needs (for example, what piece or pieces are missing?). Give as much detail as you can.

<p>48) <i>Based on answers to the above questions, is it your judgment that the IEP reflects the child's needs and includes goals objectives, strategies, and time frames which are designed to address the child's essential needs?</i></p>	<p>essential needs - fundamental or basic needs which are “required in order for the child to overcome or cope with the problems that led to class membership, to prepare for adulthood and to acquire and maintain life skills consistent with his/her potential and capabilities.” (from “Elements of Appropriate Services for Willie M. Class Members” 8/94)</p>	<p>Looking back at Section V (Educational Components), given your answers to those questions and taking into consideration the whole picture with regards to the child's IEP and its development, is it your assessment that the IEP meets the criteria outlined? (Circle “NA” if the child is not identified as exceptional.)</p>
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If not, what changes are needed in the plan or planning for this child to ensure that the plan addresses the child's essential needs?

If your answer to Question No. 48 is “NO,” please describe what it is that would need to occur in order for this answer to be affirmative. (For example, does it appear that additional assessment is needed? If so, what type? Are time frames or any other aspects missing, etc.?)

<p>49) <i>Based on answers to the above questions, are the child's essential needs being met by the provided services?</i></p>	<p>essential needs - fundamental or basic needs which are “required in order for the child to overcome or cope with the problems that led to class membership, to prepare for adulthood and to acquire and maintain life skills consistent with his/her potential and capabilities.” (from “Elements of Appropriate Services for <i>Willie M.</i> Class Members” 8/94)</p>	<p>Based on your answers in Section IV (Service Provision) and taking all other related information into consideration, can you conclude that the services being provided to the class member <u>are</u> meeting his/her “essential needs”?</p>
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If there are significant weaknesses or gaps in the implementation of needed services, please describe.

If you answered “NO” to Question No. 49, please describe any notable deficiencies, inconsistencies or lapses in services that you see and/or share any specific ways in which service provision can be improved.

<p>50) In totality, is it your judgment that this child is receiving services appropriate for his/her needs?</p>	<p>appropriate services - services which “implement a habilitation plan treating the whole child consistent with (the) child’s needs <u>and</u> in accordance with the principles of Paragraph Nine mandates. Services to the class member shall include a good faith professionally competent effort to enable a child to overcome or cope with the problems that led to his/her class membership and to prepare the child for the reasonable expected life and problems he/she will encounter in adulthood. The provision of appropriate services is judged against the needs of the individual, which are based on the capabilities and potential of the individual.” (from “Elements of Appropriate Services For Willie M. Class Members, 8/94)</p>	<p>Given your responses to the above summary questions and to the overall review, is it your conclusion that this individual is receiving services appropriate to his/her needs?</p>
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<p>51) If child is not receiving appropriate services, please <u>check only the one most important reason</u>. Note: If your answer to Question 50 is “NO,” check the <u>primary</u> reason the child is not receiving services. Remember, answer this question only if Question 50 is “NO,” and <u>check one reason only</u></p> <ol style="list-style-type: none"> 1) ____ Lack of accurate and thorough understanding of the child’s needs. 2) ____ Funding difficulties (e.g., service need not identified or funds not requested, awaiting funding approval, funds not available, service in development, etc.) 3) ____ Needed periodic service not implemented or not being provided (e.g., inadequate frequency or intensity of needed service, staffing problems, etc.) 4) ____ Needed residential service not available (e.g., child on waiting list, service does not exist, very “low incidence” of need in the particular geographic area or statewide, etc.) 5) ____ Lack of service and/or relationship continuity (e.g. frequent service disruptions or moves from one service site or provider to another, child’s fundamental need for stability in relationships not addressed, etc.) 6) ____ Lack of needed educational services (e.g., long-term suspension from school, needed service does not exist, very “low incidence” of need in the particular geographic area, etc.) 7) ____ Program unable to engage child in all or some services which address his/her essential needs. 8) ____ Program unable to consistently gain the parent/guardian’s permission for some services addressing the child’s essential needs. 9) ____ None of these reasons is the <u>primary</u> reason the child is not receiving appropriate services. (GO TO QUESTION 52.) <p>Note: If none of the reasons listed in 1-8 is the <u>primary</u> reason the child is not receiving appropriate services, then check response 9) and continue on to question 52.</p>	<p>One and only one reason may be selected. Please check the <u>one most important</u> reason. If none of the reasons listed here is the <u>primary</u> reason the child is not receiving appropriate services, then check response 9) and continue on to question 52.</p>
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Please explain more fully the overall reasons why you determined the child’s needs are not being met, including what is needed in order for the child’s status to change.

Clarify the reasons and add any specific details regarding your selection for Question 51.

<p>52) <i>If none of the above reasons is the <u>primary</u> reason the child is not receiving appropriate services, review the list below and from those reasons listed, check only <u>one</u> reason that the child is not receiving appropriate services.</i></p> <p>Note: Answer this question only if you marked response 9 under Question 51.</p> <p>1) _____ <i>Parent/guardian refusing all services and contact</i> (Answer Question 53 below.)</p> <p>2) _____ <i>Interim services due to action by judge</i></p>	<p>Parent/guardian refusing all services and contact - “multiple contacts in person and/or by telephone have been made or attempted and the parent or non-agency guardian refuses for the certified <i>Willie M.</i> class member to receive services or participate in services called for in the child’s Treatment/ Habilitation Plan (T/HP). The services must be either available or determined by state office staff to be able to be developed, the parents or non-agency guardians’ refusal cannot constitute medical neglect Additionally, if the child is under court jurisdiction, intervention by the court through the court counselor or probation officer must have been attempted” (from “Criteria for DHR Status: Interim But Program in Compliance,” 7/10/87 - Appendix G).</p> <p>Interim services due to action by judge - constitutes a situation where the services planned have been interrupted and/or the service planning process has been pre-empted by judicial order resulting in services being provided or a placement instituted other than what is planned for or considered appropriate by the <i>Willie M.</i> Services system. When this occurs: “Immediate steps must be undertaken by state office staff to begin the development of transition strategies and the services required for the child to exit the interim setting/service(s)” (from “Criteria for DHR Status: Interim But Program in Compliance,” 7/10/87 - Appendix G).</p>	<p>To designate this category, the record(s) should reflect that the situation meets the criteria outlined in the definition “and the actions taken by the area program must be documented in the child’s record including a registered letter sent to the parent or guardian offering services” (from “Criteria for DHR Status: Interim But Program in Compliance,” 7/10/87 - Appendix G).</p> <p>If you checked this answer, proceed to and answer Question No. 53.</p> <p>Records should indicate that “the plan for appropriate services was for readily available services or for services that could have been developed and operating quickly. In other words, the plan must be ‘real’ (from “Criteria for DHR Status: Interim But Program in Compliance,” 7/10/87 - Appendix G). A plan for transition from interim services should be in the record or at least evidence that one is in process, in accordance with the definition of this category.</p>
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<p>3) _____ <i>Within sixty days of certification</i></p>	<p>Note: The Appropriateness Review form is not required for a child until he/she has been certified for one (1) year.</p>	<p>This would occur if the client was certified less than sixty (60) days prior to the review. This is always considered “Interim, but Program in Compliance” (from “Criteria for DHR Status: Interim But Program in Compliance”, 7/10/87 - Appendix G).</p>
<p>4) _____ <i>Unforeseeable emergency conditions</i></p>	<p>Unforeseeable emergency conditions - situations such as “acts of God, acts of War, sudden contractor termination or key staff resignations of direct care staff”, etc., which result “in service interruption, delay or termination.” (from “Criteria for DHR Status: Interim But Program in Compliance,” 7/10/87 - Appendix G)</p>	<p>This category is “highly judgmental and must be conservatively applied” and it is “not anticipated that this criteria will be met often.” (from “Criteria for DHR Status: Interim But Program in Compliance,” 7/10/87 - Appendix G)</p>
<p>5) _____ <i>Child on the run and whereabouts unknown</i></p>	<p>Child on the run and whereabouts unknown - constitutes a situation where the child has run away from his/her current situation and his/her whereabouts are either unknown or the direct contact with the child is impossible due to the child’s efforts.</p>	<p>This category should be selected when the child’s status meets the definition of a runaway, thereby rendering the provision of planned services impossible.</p>
<p>6) _____ <i>None of these reasons (and none of the reasons listed under Question 51) is the primary reason the child is not receiving appropriate services.</i></p>		<p>This selection should be marked only if none of the reasons listed here (and none of the reasons listed under Question 51) is the primary reason the child is not receiving appropriate services.</p> <p>If this selection is marked, an explanation is <u>required</u> in the box below.</p>

Please explain any response to Question 52 and provide any factual details to support response to Question 52.

Clarify the reasons and add any specific details regarding your selection for Question 52.
If you marked response 6, you must provide an explanation.

Item/Description	Guidelines/Methodology
<p>53) If Parent/Guardian is refusing all services and contact, please provide the following information:</p> <p>Note: Answer this question only if you marked Item No. 1 under Question No. 52.</p> <p>a. Date of Refusal <u> </u> <u> </u> <u> </u> <u> </u> Month Year</p> <p>b. Are the services available or has it been determined by the state office that they are able to be developed?</p> <p>c. Is there record of multiple contacts with and/or attempts made to contact the parent/guardian?</p> <p>d. Has it been determined that the parents or non-agency guardians' refusal does not constitute neglect?</p> <p>e. If the child is under court jurisdiction, has intervention by the court through the court counselor or probation officer been attempted?</p> <p>f. Date of Last Contact with Parent/Guardian <u> </u> <u> </u> <u> </u> <u> </u> Month Year</p>	<p>Indicate the date recorded that the Parent/Guardian first refused services. This should be evident in the record.</p> <p>Letters "b" through "e" represent the criteria that have been set in order for a determination to be made that Parent/ Guardian Refusal constitutes the reason that a child is not receiving appropriate services for reasons beyond the control of the state <i>Willie M.</i> program.</p> <p>Services must be already available or the capability that they can be developed must exist in order for the answer to this question to be affirmative.</p> <p>There must be evidence or documentation of at least one registered letter having been sent to the parent/guardian in order for this question to be answered "YES."</p> <p>If it is believed that parent/guardian refusal constitutes neglect, a referral should have been made to the Department of Social Services. If it is not believed that this stance qualifies as neglect or if a referral has been made for such and been "unfounded," then this answer can be "YES."</p> <p>If the child is involved with the juvenile court system, assistance from the court counselor or probation officer must have been sought.</p> <p>If the Parent/Guardian has refused services, continued contact should be maintained on at least a periodic basis to attempt to reconnect the class member with services if possible. The record should reflect these attempts. Record here the last known contact (or documented effort such as registered letter, copy of regular mail letter, etc.).</p>

Please explain more fully the overall reasons (to include the previously listed most important reason as well as any others), why you determined the child's needs are not being met, including what is needed in order for the child's status to change.

Details regarding your selection on the previous question(s) should be included here.

Note: This question is to be completed by validators, regional service managers, consultants and others, not local program staff.

<p>54) According to the judgment of the local system, is the child receiving appropriate services at this time?</p>	<p>local system - refers to all those agencies in the area where the child resides and is being served. This would include the local area program with primary responsibility as well as the school district and other agencies serving the child such as the juvenile court system, DSS, etc.</p>	<p>What is the determination the local system is making with regard to the appropriateness of services for this child?</p> <p>This question will only be answered when someone other than local area program (or surrogate area program) staff are completing the review/form. If local program staff are performing the review and completing the form, do not answer this question.</p>
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If not receiving appropriate services, please provide the reason the local system gives for making this determination.

If in the local system's opinion, the child is not being appropriately served, what reasons do they offer for this?

Name and position of the person providing this judgment:

Indicate on the line below, the name and position of the person in the local system from whom you received the above judgment about appropriateness of services for this child.

(NAME)

(POSITION)

Appendix A

ELEMENTS OF APPROPRIATE SERVICES FOR *WILLIE M.* CLASS MEMBERS

General Definition - Appropriate services for each child shall implement a habilitation plan treating the whole child consistent with the child's needs **and** in accordance with the principles of Paragraph Nine mandates. Services to the class member shall include a good faith and professionally competent effort to enable a child to overcome or cope with the problems that led to his/her class membership and to prepare the child for the reasonably expected life and problems he/she will encounter in adulthood. The provision of appropriate services is judged against the needs of the individual, which are based on the capabilities and potential of the individual.

NEEDS ASSESSMENT

- A. All assessments and evaluations which are necessary for a thorough and accurate understanding of the child's essential needs in the desired outcome domain areas are conducted: social, behavior, education, vocation, housing/residential and health (including mental health).
- B. Needs are identified without regard to service availability.
- C. The child's capabilities and potential are factors in both assessing and determining a child's needs.
- D. Needs in each of the six outcome domain areas are prioritized as necessary as to their relative importance in the child's life at a particular time. However, all domain areas must be addressed. If it is necessary to prioritize needs, prioritization usually relates more to the **timing** of addressing needs. Prioritization is not about rationing core or essential needs and/or services.
- E. The child's need for stability in personal relationships and the ability of caregivers (family and/or staff) to provide that stability will be assessed as part of the needs assessment process.
- F. The concept of "essential" is built into needs assessment for an individual class member. Essential needs are those required in order for the child to overcome or cope with the problems that led to class membership, to prepare for adulthood and to acquire and maintain life skills consistent with his/her potential and capabilities.
- G. Clinical and other appropriate resources are used to produce timely, thorough and accurate diagnosis, evaluation and needs assessments, both prior to the development of the service plan and as an ongoing part of treatment and education.
- H. All major risks to the child's health, safety and integration with the community are assessed.

SERVICE PLANNING

- A. Education, Habilitation and individual treatment/service component plans (e.g., residential, therapy, etc.) are individualized to meet the needs of each child.
- B. The child and parent/guardian are actively encouraged and reasonable efforts are made to facilitate parental participation in the development of the service plans.
- C. The child's essential needs must be addressed by the T/HP and IEP and will reflect the prioritization required as a result of timing and his/her developmental progress.
- D. The plans should include objectives directed toward both long-term (1 year or longer) and short-term goals. The goals, objectives and strategies will focus on and address movement toward a transition into adulthood which is appropriate for the individual client, given his/her capabilities. Strategies and individual assignments for each strategy should also be included in the plans.
- E. Measures of progress toward the long-term desired outcomes for the child should be included in the service plans. (The child, parent/guardian and agency personnel should be able to know by what measure each objective will be accomplished.)
- F. The service plan identifies risks (e.g., behavioral regression, medical deterioration, etc.) that threaten success of the plan and establishes necessary supports and services which anticipate and reasonably address such risks. Strategies for addressing crises will be included in each service plan.
- G. As early as needed, but no later than age 16, a new plan will be developed and will include specific goals, objectives and strategies related to transition to adulthood.
- H. The service plans for each child provide him/her with the most normal, least restrictive living arrangements and conditions appropriate to him or her.
- I. The service plans shall address the child's need for safety - both safety for himself/herself and for others. The need for the least restrictive environment and the need to minimize the possibility of harm to the child and society are factors to be considered in making the determination about the level of restrictiveness for the child's treatment and education setting.
- J. Service plans are revised as needed, based on changes in the child, including progress or lack thereof, significant life events, deterioration, and criminal behavior.

SERVICE PROVISION

- A. The services address the child's needs and are provided with sufficient intensity and continuity to meet the child's needs.
- B. Services are to be directly related to the child's goals and objectives identified in the T/HP/IEP. A realistic understanding of the life and problems this individual is expected to encounter as an adult should be considered in the services provided.

- C. To the extent necessary for the individual child, appropriate resources (neighborhood, extended family, church and other community resources) are used to facilitate integration into the child's existing or anticipated adult community.
- D. Services are provided in the most normal, least restrictive setting appropriate for the individual child and that minimize the possibility of harm to the child and society.
- E. Services are initiated in a timely manner and are provided regularly and competently in accordance with the T/HP/IEP and are adjusted on a timely basis based on the changes in the child including progress or lack thereof, significant life events, deterioration, and criminal behavior.

The judgment about service appropriateness is made at the individual child level. This judgment is ultimately based on the collective information about the child's needs, the assessment of those needs, the adequacy of service plans and actual service provision. The absence of one or more elements does not equal "inappropriate" services. Appropriateness of services is determined in light of whether the services actually provided to the child are consistent with the State's commitment to comply with the principles of Paragraph 9. Each element is likely to open up a series of other questions which would need to be addressed before making an overall judgment about appropriateness.

A detailed description of the elements of appropriate services, such as described here, ultimately, is most useful as it enables us to inform, work with, train and constantly reinforce with state and local staff what appropriate services means. Clarifying the standard for appropriateness will put us a long way toward implementing the other parts of our monitoring and quality improvement systems and toward achieving another important goal - having in place a self-regulating and self-correcting system of services which will meet the individualized needs of these children.

08/01/94

Appendix B

AREA PROGRAM CODES

<u>WESTERN REGION</u>	100	<u>SOUTH CENTRAL REGION</u>	300
Smoky	101	Davidson	302
Blue Ridge	102	Sandhills	303
New River	103	Southeastern Reg-L	304
Trend	104	Cumberland	305
Foothills	105	Lee-Harnett	306
Rutherford-Polk	106	Johnston	307
Cleveland	107	Wake	308
Gaston-Lincoln	108	Randolph	310
Catawba	109		
Mecklenburg	110		
Tri-County	111		
Piedmont	112		
 <u>NORTH CENTRAL REGION</u>	 200	 <u>EASTERN REGION</u>	 400
Surry-Yadkin	201	Southeastern-W	401
Forsyth-Stokes	202	Onslow	402
Rockingham	203	Wayne	403
Guilford	204	Wilson-Greene	404
Alamance-Caswell	205	Edgecombe-Nash	405
O-P-C	206	Halifax	406
Durham	207	Neuse	407
V-G-F-W	208	Lenoir	408
		Pitt	409
		Roanoke-Chowan	410
		Tideland	411
		Albemarle	412
		Duplin-Sampson	413

Appendix C

LEA CODES

COUNTY UNITS

010	Alamance	520	Jones
020	Alexander	530	Lee
030	Alleghany	540	Lenoir
040	Anson	550	Lincoln
050	Ashe	560	Macon
060	Avery	570	Madison
070	Beaufort	580	Martin
080	Bertie	590	McDowell
090	Bladen	600	Charlotte-Mecklenburg
100	Brunswick	610	Mitchell
110	Buncombe	620	Montgomery
120	Burke	630	Moore
130	Cabarrus	640	Nash
140	Caldwell	650	New Hanover
150	Camden	660	Northampton
160	Carteret	670	Onslow
170	Caswell	680	Orange
180	Catawba	690	Pamlico
190	Chatham	700	Elizabeth City/Pasquotank
200	Cherokee	710	Pender
210	Edenton-Chowan	720	Perquimans
220	Clay	730	Person
230	Cleveland	740	Pitt
240	Columbus	750	Polk
250	Craven	760	Randolph
260	Cumberland	770	Richmond
270	Currituck	780	Robeson
280	Dare	790	Rockingham
290	Davidson	800	Rowan-Salisbury
300	Davie	810	Rutherford
310	Duplin	820	Sampson
320	Durham	830	Scotland
330	Edgecombe	840	Stanly
340	Wintson-Salem/Forsyth	850	Stokes
350	Franklin	860	Surry
360	Gaston	870	Swain
370	Gates	880	Transylvania
380	Graham	890	Tyrrell
390	Granville	900	Union
400	Greene	910	Vance
410	Guilford	920	Wake
420	Halifax	930	Warren
430	Harnett	940	Washington
440	Haywood	950	Watauga
450	Henderson	960	Wayne
460	Hertford	970	Wilkes
470	Hoke	980	Wilson
480	Hyde	990	Yadkin
490	Iredell-Statesville	995	Yancey
500	Jackson		
510	Johnston		

CITY UNITS

841	Albemarle City
761	Asheboro City
111	Asheville City
011	Burlington City
681	Chapel Hill/Carrboro City
821	Clinton City
861	Elkin City
181	Hickory City
132	Kannapolis City
231	Kings Mountain City
291	Lexington City
491	Mooreville City
862	Mount Airy City
182	Newton-Conover City
421	Roanoke Rapids City
232	Shelby City
292	Thomasville City
422	Weldon City
241	Whiteville City

FEDERAL SCHOOLS

679	Camp Lejeune
209	Cherokee Central
269	Fort Bragg

Appendix D

CHILD OBSERVATION

When observing a child in a day or residential setting, there are a number of things about the physical, treatment/education and interactive environment to notice. Take note of whether the child is or comparable age/size to other children and whether the child is the only person present of a different race or gender (including staff). Does the child appear to be functioning at a level comparable to his/her peers? Does the child's appearance match what you have read about the child in his/her social assessment? Are there obvious needs that the child has which are not reflected in the record?

Concerning the environment, is it clean, safe and stimulating? Is the environment attractive? Is there enough staff supervision to keep the child engaged in activities? Is the atmosphere calm? Are there any physical barriers to the child in this setting (e.g., mobility, communication)? Do staff appear to be in control of the environment?

About the treatment and/or education services, look for indications that staff are interacting with the child in a manner which encourages success. Are they engaged with the child rather than with each other? Are rules and behavior expectations posted in the area? Is the activity you are observing reflected in the T/HP? Is the present activity included in this service's Treatment Plan? Do multiple staff work with the child in a consistent manner? Does there appear to be adequate communication between staff to manage the current activity? Does this activity support or relate to the child's overall needs and the goals included in his T/HP?

You may wish to review the child's record on site for indications of recent progress or problems. Also, take note of documents on site which describe recent training and clinical supervision activities for staff.

PROGRAM/SITE VISIT

For times when you visit a multi-child service component for purposes of reviewing the overall service component (e.g., group home, supervised apartment setting, IRT, day treatment/education program, classroom), you can use the Child Observation Checklist also. Just designate at the top of the form that it was a "Program/Site Visit." Answer the questions about the **group** of children being served in this service component.

You may wish to pay particular attention to and ask questions about the extent to which this service component fits in with the rest of the local *Willie M.* service system, how it works with the other parts of the service system and how its mission is coordinated with the overall mission of the local *Willie M.* service system.

Appendix E

CHILD OBSERVATION CHECKLIST

Purpose: _____ Program/Site Visit _____ Child Observation

Child's Name _____ Area Program _____

Date Visited _____ Place Visited _____

Name of Observer _____ Length of Visit _____

1. Is the child among his/her peers in this setting, insofar as age, size, functioning level, gender culture and race? _____ If not, please describe how he/she is different from the other children in this setting? If the child is in an "individual" setting, how much of his/her time every day does the child spend in the presence of other children? _____

2. Does the child have obvious needs which were not reflected in the record? _____ If so, please describe.

3. Is the environment clean, safe and attractive? _____ If not, please describe problems.

4. Is there enough staff supervision to keep the child engaged in activities and managed if there are problems? _____ If not, please describe deficits. _____

5. Is the atmosphere calm? _____ Are staff engaged with the clients, rather than with each other? _____

6. What is the child doing during your observation? Is this activity reflected in the child's Treatment Plan for this service and in his/her T/HP? _____

7. Is there sufficient opportunity for progress in this setting? _____

8. Please note anything else observed which you believe contributes to or hinders this child's success in this setting.

9. Any other comments about the overall program, if indicated. _____

Appendix F

EDUCATIONAL CHECKLIST AND OBSERVATION FORM

STUDENT'S NAME _____ ID # _____ GRADE _____ CERT. DATE _____

LEA/SOP _____ SCHOOL _____

LEGALLY REPRESENTED BY: _____ PARENT _____ GUARDIAN _____ SURROGATE _____ FOSTER PARENT _____ DSS _____ SELF
_____ SURROGATE IS NEEDED

AREA PROGRAM _____ CASE MANAGER _____

MEDICATION: _____ YES _____ NO WHAT? _____

IDENTIFIED EXCEPTIONAL STUDENT _____ YES _____ NO

IF YES, AREA OF EXCEPTIONALITY _____ DATE IDENTIFIED _____

ASSESSMENTS/EVALUATIONS: EC3 FORM DATE (EVALUATION SUMMARY) _____

PSYCHOLOGICAL TEST _____ DATE _____ RESULTS _____

EDUCATIONAL TEST _____ SCORES: READING _____ WRITING _____ MATHEMATICS _____

BEHAVIORAL _____ DATE _____ VISUAL MOTOR _____ DATE _____

VOCATIONAL _____ DATE _____

INDIVIDUAL EDUCATION PROGRAM:

DATES (DURATION OF SERVICES): _____ CURRENT? _____ YES _____ NO REVIEWED? _____ YES _____ NO

TRANSITION PLAN (IF 14 OR OLDER) _____ YES _____ NO

ADDITIONAL PLANS, IF NEEDED:

INDIVIDUAL BEHAVIOR MANAGEMENT PLAN _____ YES _____ NO _____ NA CRISIS PLAN _____ YES _____ NO _____ NA

STUDENT'S EDUCATIONAL SETTING:

REGULAR (100%) _____ CONSULTATIVE _____ RESOURCE CLASSES (0 -60%) _____ SELF CONTAINED (60- 00%) _____

PUBLIC SEPARATE _____ DAY TREATMENT _____ HOSPITAL/HOMEBOUND _____ EXTENDED DAY _____ OTHER _____

FULL DAY _____ MODIFIED DAY _____ DESCRIBE _____

ONE ON ONE: _____ YES _____ NO RELATED SERVICES: _____ YES _____ NO DESCRIBE: _____

OTHER SUPPORT PERSONNEL _____

GRADES ON LAST REPORT CARD: ENGLISH _____ MATHEMATICS _____ SCIENCE _____ SOCIAL STUDIES _____

ELECTIVES _____
(Subject) (Subject) (Subject)

NUMBER OF DAYS ABSENT THIS SCHOOL YEAR _____ NUMBER OF DAYS IN OSS THIS SCHOOL YEAR _____
NUMBER OF DISCIPLINARY REFERRALS _____ NUMBER OF DAYS IN ISS THIS SCHOOL YEAR _____

RELATED INTERVENTIONS _____

COMMENTS ABOUT THE STUDENT'S ACADEMIC AND BEHAVIORAL PROGRESS:

OTHER OBSERVATIONS ABOUT THE STUDENT, SETTING, OR STAFF THAT ARE PERTINENT:

IS THE STUDENT BEING SERVED APPROPRIATELY IN THE EDUCATIONAL SETTING? _____ YES _____ NO

IF NO, WHAT NEEDS TO BE DONE TO MAKE THE EDUCATIONAL SERVICES APPROPRIATE?

NAME OF OBSERVER _____ **DATE OF VISIT** _____

APPENDIX G

CRITERIA FOR DHR STATUS: INTERIM BUT PROGRAM IN COMPLIANCE

Based upon our findings in the DHR review of class members in the first ten area programs and discussions among state office **Willie M.** staff, the following draft criteria are proposed for the status “Interim, but Program in Compliance”:

1. Parent/Guardian Refusing - This criteria is felt to be justified when: multiple contacts in person and/or by telephone have been made or attempted and the parent or non-agency guardian refuses for the certified **Willie M.** class member to receive services or participate in services called for in the child’s Individual Habilitation Plan. These services must be either available or determined by the state office staff to be able to be developed, the parents or non-agency guardians refusal cannot constitute medical neglect, and the actions taken by the area program must be documented in the child’s record including a registered letter sent to the parent or guardian offering services. Additionally, if the child is under court jurisdiction, intervention by the court through the court counselor or probation officer must have been attempted. If these conditions are met, this criteria can be applied and this status judgment will be determined valid.
2. Unforeseeable emergency conditions - resulting in service interruption, delay or termination. This criteria is highly judgmental and must be conservatively applied. Examples include acts of God, acts of War, sudden contractor termination or key staff resignations of direct care staff. It is not anticipated that this criteria will be met often.
3. Interim services due to action by judge - This criteria can only be met when the plan for appropriate services was for readily available services or for services that could have been developed and operating quickly. In other words, the plan must be “real.” Immediate steps must be undertaken by state office staff to begin the development of transition strategies and the services required for the child to exit the interim setting/service(s).
4. Within 60 days of certification “Interim” would always be “Interim, but Program in Compliance.”

7/10/87